

JAN 2 1951

STANDARD CERTIFICATE OF DEATH

42368

State File No.

BIRTH NO. #99147		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 40818	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 3928a Shenandoah 0			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) A		c. (Last) HERSH	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17th, 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Photographer		10b. KIND OF BUSINESS OR INDUSTRY Photography		8. DATE OF BIRTH Dec. 15 1872		9. AGE (In years last birthday) 78	
11. BIRTHPLACE (State or foreign country) Millersburg, Ohio				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Aron Hersh		13b. MOTHER'S MAIDEN NAME Margaret Fugate		14. NAME OF HUSBAND OR WIFE Anna Seidler Hersh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Hersh, 3928a Shenandoah			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fever of unknown origin Psychosis with Cerebral Arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2TD			
22. I hereby certify that I attended the deceased from 7/7/49 to 12/17/50, that I last saw the deceased alive on 12/17/50, 1950, and that death occurred at 7:55pm, from the causes and on the date stated above.							
23a. SIGNATURE Herbert Schindler, Jr. M.D.		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 12/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20 1950		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

name

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Helis J. Krespin

Signed.....
Student Embalmer

Licensee Embalmer No. *3497*

P. O. Address *1936 St. Louis*

Notes: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.